Advantages and Challenges of Integrating ECD and Nutrition Programming

Ann M. DiGirolamo, PhD, MPH and Pablo Stansbery, PhD

Journal Club Series for Clean, Fed & Nurtured℠ and CORE Group

February 14, 2017
Overview

- Perspectives from the Field
  - Advantages & opportunities for integration of nutrition & ECD
  - Challenges & key considerations for integrating nutrition & ECD
  - Key Questions to Consider

- Nutrition & ECD in Emergencies
  - Opportunities for integration
  - Challenges to integration

- Next Steps

- Country Examples
Why integrate ECD & Nutrition?
Advantages and opportunities from the field

- Increased recognition at policy level of importance of investing in young children’s health, nutrition & development, but minimal resources for sustainable programs in LMIC

- Integrating services may **improve access to services** through:
  - **Cost effective programming**
    - Map existing resources in target community (gov’t & community-based) and identify where modest enhancement can offer access to combined child development & nutrition services
    - **Example:** Enhance child development knowledge and skills of front line workers (e.g., CHWs) providing health and nutrition services
    - **Example:** Train teachers in community-based preschools in good nutrition and preventive health care practices
Why integrate ECD & Nutrition?
Advantages and opportunities from the field

- Integrating services may **improve access to services** through:
  - **Co-location of services**
    - One-stop shopping for parents makes life simpler!
    - Child can access multi-disciplinary services through one venue rather than travel to health post for health & nutrition and to preschool setting for ECD
    - Costs of traveling to multiple service delivery venues = **economic** + time which can both serve as barriers to access to care
      - Integrated services can address barriers & improve access
      - Anecdotal evidence; more systematic research needed
Why integrate ECD & Nutrition?  
Advantages and opportunities from the field

• Integrating services may **improve access to services** through:
  • **Coordinated messaging and activities**
    • Providing **consolidated & coordinated** information/activities to caregivers with limited or poor schooling may increase chances that messages are heard
    • When frontline workers in both health/nutrition & education have a common understanding of critical information in these areas, parents receive **simple, clear, concrete** messages
  • **Repetition and reinforcement** of messages/practices = increased dosage → increase in caregiver knowledge and practice
Why integrate ECD & Nutrition?  
Advantages and opportunities from the field

- Integrated services address and emphasize the **whole child**:  
  - Caregivers often focus on one aspect of the child (e.g., physical development; health needs) without an understanding of how multiple needs of the child are inter-related
  
- Integrated services **reinforce the message** that health, nutrition & development influence one another & all are critical for optimal growth & development
  
- **Example:** Activities addressing both infant feeding practices & psychosocial stimulation emphasize the whole child & can provide positive experiences that reinforce these behaviors
Key Challenges & Considerations for Integration

- Workload of frontline workers
  - **Already quite high**
    - Danger of staff becoming overwhelmed; burnout; decreased motivation
    - Potential dilution of messages, decreased effectiveness & quality
  - **Task shifting/task sharing** (WHO, 2007)
    - Can expand human resource pool & improve access/coverage
    - Sustainability & quality of services = challenge

- **Key considerations:**
  - Local incentives for frontline workers
  - Strong initial comprehensive training that includes modeling and practice, followed by ongoing support & supervision
  - Simple guidelines & standardized protocols
  - Training on problem solving & prioritization of key issues
  - Clear job descriptions with roles & responsibilities
  - Involve communities in implementation & monitoring for additional resources & increased accountability

(Hermann et al., 2009)
Key Challenges & Considerations for Integration

- Increased supervisory responsibilities
  - Responsibilities include:
    - Monitoring compliance with procedures, activities, and coverage
    - Mentoring and building capacity for high quality programming
  - In integrated programs, need to expand supervisory role
    - Actively address staff workload and motivation
  - Cross training of supervisors
    - Ensure familiarity with activities in nutrition, health & ECD
  - Consider complexity of structure & reporting of supervision if multiple agencies or ministries involved
  - Strengthen ties and referrals to health system
Key Challenges & Considerations for Integration

- Identifying common language and activities
  - **Different language/focus**
    - ECD community: ages & stages; developmental milestones
    - Nutrition community: infant & young child feeding (IYCF); growth monitoring
    - Need for cross training and increased understanding of terms, areas of focus, & potential areas of synergy
  - **Activities & modes of delivery**
    - ECD: home visits, ECD centers, community groups
    - Nutrition: individual counseling, IYCF support groups, growth monitoring programs
    - Need to identify opportunities for integration and ways activities can reinforce each other

- Sectors and key ministries often do not talk with one another!
  - Different priorities
  - Different funding streams
Key Challenges & Considerations for Integration

- Integrated tools needed for monitoring & evaluation
  - Successful system to monitor program progress & quality/evaluate impact = key for successful programming
    - Data for decision-making
  - Adapt current tools in nutrition & ECD to develop system with minimal set of key indicators to address process & outcomes related to an integrated program
    - Training staff on these new indicators critical
  - Example: In addition to monitoring height & weight, assess age appropriate developmental milestones
  - Example: Obtain information on exclusive breastfeeding along with caregiver responsiveness & positive interactions with child
Questions to Consider:

- What are the most critical evidence-based interventions in nutrition & ECD?
- Which of these interventions might be most easily integrated?
- Which are most feasible and cost effective?
- What does a minimum essential package of activities look like?
  - What might these activities look like on the ground?
  - How many and which messages/activities can staff effectively provide and can parents/caregivers digest?
- What information will be critical to assess at country level in adapting these interventions?
  - Importance of situational analysis & formative research

True integration will require a paradigm shift!
Nutrition & ECD in Emergencies: Opportunities for integration

- “Window of opportunity” to introduce integrated ECD and nutrition programming
  - Disruption of normal systems
  - Critical that frontline agencies value integration
  - Identify concrete opportunities for integration in emergency preparedness plan as optimal way to build resilience to recurrent & acute crises
Nutrition & ECD in Emergencies: Opportunities for integration

- **Examples of integration**
  - Encourage activities to support stimulation and emotional responsiveness during nutrition-related activities (e.g., IYCF counseling sessions; targeted supplementary feeding for undernourished children)
    - Increases skills & knowledge around child development & feeding
    - Increases connections among women; decreases isolation
  - **Baby tents**
    - In Haiti, local facilitators trained in ECD, hygiene promotion, breastfeeding and good nutrition ran baby groups
    - Safe space for mothers and babies
  - **Child-centered spaces (CCSs)**
    - Safe physical spaces where children gather to play, learn and receive psychosocial support—structure and normalcy
    - Provision of food and information on good nutrition can be introduced here

(UNICEF/WHO 2012; Consultative Group on Early Childhood Care & Development)
Nutrition & ECD in Emergencies: Challenges for integration

- Coordination among various humanitarian agencies with different roles or mandates
  - Significant progress with creation of “cluster approach” to improve emergency response (UN Office for Coordination of Humanitarian Affairs)
  - Continued need for better communication & coordination across sectors and across agencies

- Health & nutrition for survival often prioritized over stimulation for development, especially for younger children
  - During acute emergency phase, focus on food, water, shelter and emergency health care; less on ECD
  - Yet, holistic care and strengthening caregiving system is even more critical during emergencies

- Insecure conditions may make group participation less likely
  - Can provide pictorial brochures with information on nutrition & stimulation to mothers at food distribution sites (UNICEF/WHO, 2012)
Next Steps

Design, pilot, monitor and evaluate combined program activities

1. Scale-up Nutrition (SUN) Movement:
2. ECD Action Network
3. World Bank Early Years Initiative
Next Steps

Continued research needed on:

- How to best prioritize & problem solve? How many messages/activities optimal?
- How to best mix different nutrition & ECD activities for most efficient & effective use of community resources?
- How to best address issues of staff & supervisory workload in different contexts?
- Cost/benefit of integrating ECD and nutrition programming
Country examples